PROGRESS TOWARDS REDUCING DISPARITIES

DISPARITIES

A Preliminary Report

EIGHT YEAR COMPARISON
FY 2001-02 TO FY 2009-2010

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What is a Disparity?

- A difference in health care access, engagement, quality, and outcomes not due to differences in health care needs or the preferences of the client.
  - May be due to a complex interaction between multiple factors including limited access or a lack of culturally appropriate care.

How Do We Measure Disparity?

- Compare actual service utilization to proportional representation in the target population.
- Target population = potential users in racial/ethnic or age group who have:
  - Medi-Cal (or are uninsured)
  - Incomes under 200% of Federal Poverty Level

PROGRESS MADE

- Increased access and clients served FY 01-02 to FY 09-10 for all adult non-White racial/ethnic groups.

- Increased access to children's services FY 06-07 to FY 09-10 for Native American and Asian/Pacific Islanders.

- Increased retention rate for 8+ visits for Older Adults from FY 06-07 to FY 09-10.

PROGRESS MADE

- Increased access to services for all adult age groups between FY 06-07 and FY 09-10 due to MHSA funding increases.
  – Highest increases: Older Adults and TAY

- Children ages 12-17 had the highest access rate among children, with increased use of Outpatient services.

- By FY 09-10, African American and Asian/Pacific Islander children were less likely to have 1 visit only, suggesting better engagement.

Disparities Still Exist

- By Racial/Ethnic Group:
  - **Hispanic clients**
    - Adults: 60% of the target population but only 23% receiving services
    - Children: 71% of the target population, with 56% receiving services
  - **African American clients**
    - Adults: less likely to use Outpatient, but more likely to use Inpatient/Emergency and jail only services
    - Children: less likely to access any services, but most likely to use Juvenile Forensic Services
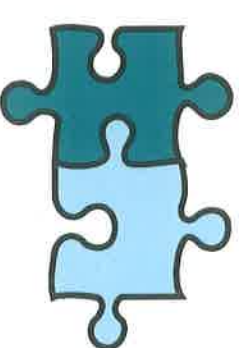
Disparities Still Exist

– **Asian/Pacific Islander Clients**

- Adults: Proportion retained for 8 or more services decreased slightly

- Children: most likely to receive only inpatient/ESU services

– **Native American Clients**

- Adults: second lowest access rate

- Children: lowest access rate

Disparities Still Exist

- **By Use of Restrictive Levels of Service**
  - In FY 09-10, adult Asian/Pacific Islanders had the highest use of Inpatient services without receiving any Outpatient services.
  - In FY 09-10, African American and Asian/Pacific Islander children were the highest users of juvenile forensic services, at 3.6% and 3.2% respectively.

Disparities Still Exist

- **By Age Group**
  - **Transitional Age Youth (TAY)**
    - Have lowest long term retention rate among all adult groups
    - Were more likely to use Inpatient/Emergency Services and Jail Services, rather than Outpatient.
    - Use of Inpatient/Emergency services has increased from FY 06-07 to FY 09-10
  - **Older Adults**
    - More likely than adult clients age 25-59 to use Inpatient/Emergency services
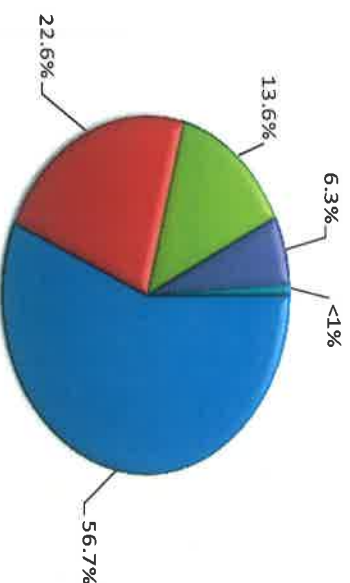
Adult System of Care—Target Population versus Actual Mental Health System Clients for FY 2009-2010

	FY 2009-2010			
	Eligible Clients		Actual Clients	
Race/Ethnicity**	San Diego County Uninsured or Medicaid under 200% FPL		A/OAMHS Clients	
	Number	%	Number	%
White	73,047	21.5%	22,077	56.7%
Hispanic	204,106	60.1%	8,801	22.6%
African American	25,939	7.6%	5,310	13.6%
Asian/ Pacific Isl.	29,561	8.7%	2,452	6.3%
Native American	6,703	2.0%	318	0.8%
Total Clients	339,356	100.0%	38,958	100.0%

Eligible Clients: Estimates of San Diego County Uninsured or Medicaid under 200% FPL (FY09-10)


60.1%
7.6%
8.7%
2.0%
21.5%
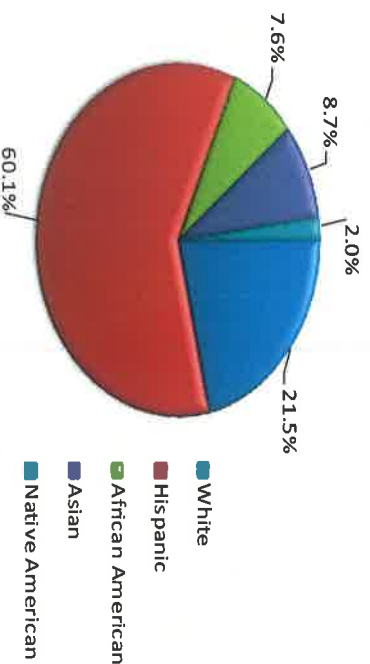
Actual Clients: A/OAMHS Clients (FY09-10)

22.6%
13.6%
6.3%
<1%
56.7%

- White
- Hispanic
- African American
- Asian
- Native American

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Children's System of Care—Target Population versus Actual Mental Health System Clients for FY 2009-2010

Race/Ethnicity**	FY 2009-2010			
	Eligible Clients San Diego County Uninsured or Medicaid under 200% FPL		Actual Clients CMHS Clients	
	Number	%	Number	%
White	30,705	12.7%	4,198	26.1%
Hispanic	171,177	70.8%	8,990	55.9%
African American	21,212	8.8%	2,318	14.4%
Asian/ Pacific Isl	13,667	5.7%	464	2.9%
Native American	4,925	2.0%	125	0.8%
Total Clients	241,687	100.0%	16,095	100.0%

Potential Clients: Estimates of San Diego County Uninsured or Medicaid under 200% FP (2010)

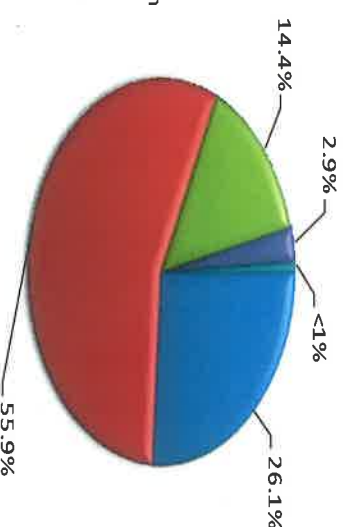**Actual Clients: CMHS Clients (FY09-10)**

Legend:
- White
- Hispanic
- African American
- Asian
- Native American
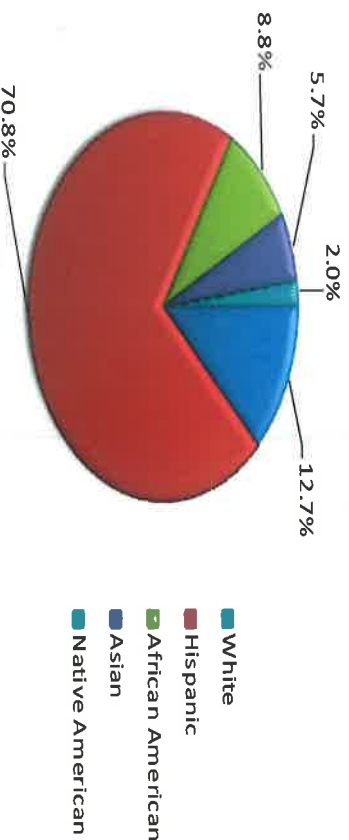
Comparison of San Diego County:

To California and other large counties for Medi-Cal clients only

- San Diego has higher penetration rates for (Medi-Cal Clients Only):
  – All ages groups except 60+ (equal to)
  – All race/ethnicities
  – All eligibility categories
  – Most services categories except
    • Crisis stabilization
    • Case management
    • Crisis intervention
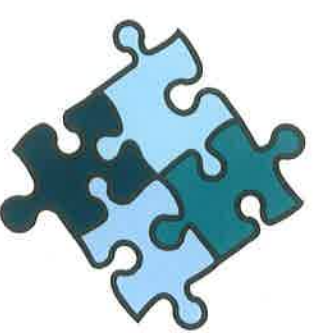
Next Steps

- Continue stigma reduction campaign and outreach to underserved populations.

- Build a more culturally diverse workforce through MHSA Work Force Education and Training (WET) Programs.

- Provide skill building and other types of cultural competence trainings for existing workforce.

- Provide wider, easier access to trainings through use of the internet.

- Evaluate program effectiveness and build on the most successful programs.